|   | U.S. Patent and    | Trademark Office; U.S.  | PTO/SB/22 (12-07)<br>ugh 12/31/2007. OMB 0851-0031<br>DEPARTMENT OF COMMERCE |
|---|--------------------|---|--|
| Under the Pepervick Reduction Act of 1995, no persons are required to respond to a coffection PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008                          |                    | n of information unless if displays a valid OMB control number.    Docket Number (Optional)   5486-0172PUS1 |  |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |                    |   |  |
| Application Number 10/823,600-Conf. #6239   |                    | Filed   | April 14, 2004   |
| For REMOVABLE KEYBOARD  |                    |   |  |
| Art Unit 2629   |                    | Examiner  | P. Karimi  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.   |                    |   |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                    |   |  |
| X One month (37 CFR 1.17(a)(1))   | Fee<br>\$120       | Small Entity Fe<br>\$60   | <u>e</u><br>\$ 120.00  |
| Two months (37 CFR 1.17(a)(2))  | \$460              | \$230   | \$   |
| Three months (37 CFR 1.17(a)(3))  | \$1050             | \$525   | \$   |
| Four months (37 CFR 1.17(a)(4))   | \$1640             | \$820   | s  |
| Five months (37 CFR 1.17(a)(5))   | \$2230             | \$1115  | •  |
|   |                    |   |  |
| Applicant claims small entity status. See 37 CFR 1.27.  |                    |   |  |
| A check in the amount of the fee is enclosed.   |                    |   |  |
| Payment by credit card. Form PTO-2038 is attached.  |                    |   |  |
| X The Director has already been authorized to charge fees in this application to a Deposit Account.   |                    |   |  |
| X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to   |                    |   |  |
| Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.  |                    |   |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form.<br>Provide credit card information and authorization on PTO-2038. |                    |   |  |
| I am the applicant/inventor.  |                    |   |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                    |   |  |
| x attorney or agent of record. Re   | egistration Number | 39,491  | ···········  |
| attorney or agent under 37 CF   | R 1.34,            |   |  |
| Registration number if acting   | under 37 CFR 1.34  |   |  |
| tel Mun #   | 58 755             | Decen   | nber 21, 2007  |
| Signature   |                    | Date  |  |
| Michael R. Cammarata Typed or printed name  |                    | (703) 205-8000<br>Telephone Number  |  |
| NOTE: Signatures of all the inventors or assignoes of record of the entire interest or their representative(s) are required. Submit multiple forms if more                          |                    |   |  |
| than one signature is required, see balow   |                    |   |  |
| Total of forms are sub  | mitted.            |   |  |